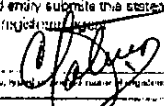
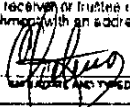


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000060831			
1. Entity Name HABANA VIEJA CIGAR CORP.			
Principal Place of Business 2264 NW 94 AVE. MIAMI, FL 33172		Mailing Address 8760 SW 133 AVENUE ROAD 407 MIAMI, FL 33183	
2. Principal Place of Business 2264 N.W. 94 AVE		3. Mailing Address 10770 N.W. 66 ST	
Suite, Apt. #, etc. apt C-213		City & State MIAMI FLA.	
City & State MIAMI FLA.		City & State DORAL FL	
Zip 33172		Country DADE	
4. FEI Number		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATINO, COLOMBIA 8760 SW 133 AVE ROAD 407 MIAMI, FL 33183		7. Name and Address of New Registered Agent NAME STREET ADDRESS (P.O. Box Number is Not Acceptable) CITY FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registration.			
SIGNATURE 		DATE	
FILE NOW! FEE IS \$550.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD PATINO, COLOMBIA 8760 SW 133 AVENUE ROAD # 407 MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee designated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee unimpaired.			
SIGNATURE: 		DATE	

FILED

06 SEP 18 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09052006

Chg-P

CRZE034 (11/05)

Applied For
Not Applicable

FL

Zip Code

700080003107
09/20/06--01053--018 **550.00

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